

IN THE UNITED STATES DISTRICT COURT
FOR THE ~~MIDDLE~~ DISTRICT OF ALABAMA

NORTHERN DIVISION

2007 MAR 30 11:14

DEBRA SWACK
U.S. DISTRICT
MIDDLE DISTRICT

TOMMY FORD #111562

PLAINTIFF

V

RICHARD ALLEN, et al.,

DEFENDANTS

2:07-CV-203-MEF

(WO)

MOTION FOR ENLARGEMENT OF TIME

COME NOW PLAINTIFF IN THE ABOVE ACTION REQUEST THIS HONORABLE COURT FOR AN ENLARGEMENT OF TIME IN ORDER TO PAY THE INITIAL PARTIAL FILING FEE OF \$9.67, FOR THE FOLLOWING:

1) PLAINTIFF HAVE NOT RECEIVED "ANY" FUNDS SINCE THE COMMENCEMENT OF THE ABOVE ACTION. EXHIBIT (A) FORMA PAUPERIS STATEMENT

MARCH 26, 2007

RESPECTFULLY SUBMITTED



TOMMY FORD #111562

FOUNTAIN CORR. FAC. 3800
ATMORE, ALABAMA 36503

UNITED STATES DISTRICT COURT

Middle

District of ~~MISSISSIPPI~~

Alabama

TOMMY FORD #111562

Plaintiff

V.

RICHARD ALLEN, et. al.,

Defendant

2007 APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT
DEPT. OF CORRECTIONS
DISTRICT COURT
MIDDLE DISTRICT ALA.

CASE NUMBER:

I, TOMMY FORD declare that I am the (check appropriate box)☐ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration FOUNTAIN CORR. FAC. 3800, ATMORE, AL.

Are you employed at the institution? YES Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes," state the total amount.

N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

MARCH 26, 07

Date

James Judd

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
FOUNTAIN CORRECTIONAL CENTER

AIS #: 111562

NAME: FORD, TOMMY LEE

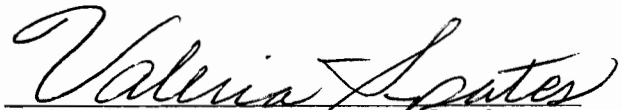
AS OF: 03/27/2007

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
MAR	4	\$0.00	\$0.00
APR	30	\$0.00	\$0.00
MAY	31	\$0.00	\$0.00
JUN	30	\$4.60	\$30.47
JUL	31	\$1.71	\$0.00
AUG	31	\$3.98	\$40.00
SEP	30	\$2.20	\$30.00
OCT	31	\$3.99	\$70.00
NOV	30	\$4.72	\$30.00
DEC	31	\$11.87	\$60.00
JAN	31	\$20.51	\$100.00
FEB	28	\$29.32	\$0.00
MAR	27	\$0.06	\$0.00

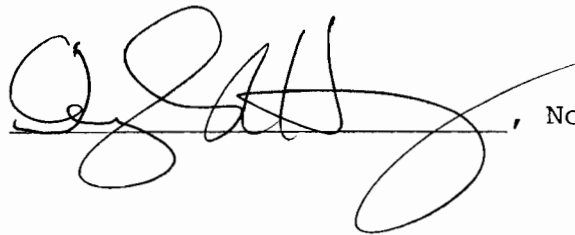
Average 12 months
balance

\$6.91

\$30.03


Valeria Spates, PMOD Clerk

STATE OF ALABAMA, ESCAMBIA COUNTY, SWORN TO AND SUBSCRIBED
BEFORE ME THIS 27TH DAY OF MARCH 2007.

, Notary Public

TOMMY FORD
#11562 K-1-12-A
FOUNTAIN CORR FAC 3900
ATMORE, AL 36523

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT

P.O. Box 711

MONTGOMERY, ALABAMA

36101-0711

LEGAL

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